



James City County Human Resources
101 Mounts Bay Road, Building F
Williamsburg, VA 23185
(757)-253-6680

Benefits Questionnaire & Checklist of Information to Bring to Benefits Meeting

Please complete this questionnaire prior to your scheduled benefits orientation to prepare you to make the following decisions. View the County's benefits information at: www.jamescitycountyva.gov/509/Benefits.

Health Insurance:

Which health insurance plan are you selecting?

- ☐ Optima Equity ☐ Anthem Lumenos ☐ Choosing to waive Medical

Are you selecting single, dual or family health coverage?

- ☐ Single ☐ Dual (employee + spouse; or employee + 1 child) ☐ Family

Health Savings Account:

Would you like to contribute to your Health Savings Account?

- ☐ Yes ☐ No

How much would you like to contribute to each account? (Max contribution per year is \$3,350 individual \$6,750 per family including the County's contribution)

Dental Insurance:

Which dental insurance plan are you selecting?

- ☐ Delta Care ☐ Premier 1 ☐ Premier 2 ☐ Choosing to waive Dental

Are you selecting single, dual or family dental coverage?

- ☐ Single ☐ Dual (employee + spouse; or employee + 1 child) ☐ Family

Which doctor do you want to serve as your primary care physician for you, your spouse, and dependents? (Call your physician to see whether they participate with the plan you have chosen)

Physician Name: _____ Phone Number: _____

If you select Delta Care, which dentist would you like? (Call your physician to see whether they participate with the plan you have chosen)

Dentist Name: _____ Phone Number: _____

Flexible Spending Accounts:

Would you like to participate in Flexible Spending account?

☐ Yes ☐ No

If yes, which type of account(s) would you like to select?

☐ Limited Flexible Spending Account \$2,550/year ☐ Child Care Reimbursement-maximum \$5000/year

How much would you like to contribute to each account?

Retirement (VRS) and Life Insurance:

Who would you like to be the beneficiary for your life insurance and retirement benefits? Please bring the social security number and date of birth of the beneficiary.

Would you like to Purchase optional life insurance?

☐ Yes ☐ No

Deferred Compensation:

Would you like to participate?

☐ Yes ☐ No

If yes how much would you like to contribute per paycheck? (% of paycheck or dollar amount)

Please bring the following items to your Benefits Orientation as they are needed to enroll in health, dental and life insurance.

- ☐ Valid marriage certificate if adding spouse to your plan
- ☐ Birth certificate for any dependents being added to your plan
- ☐ Birthdates and social security numbers for your spouse/dependents you wish to enroll in health and/or life insurance.
- ☐ Birth dates and social security numbers for anyone you wish to name as a beneficiary for life insurance and retirement
- ☐ Name(s) of the primary care physician and dentist you wish to select for you and other covered members of your family.
- ☐ Information/evidence of prior group coverage.

☐ Information/evidence of any health coverage you and your family will have in addition to County coverage for coordination of benefits.

Notes: